

**New Jersey Department of Health and Senior Services
Office of Minority and Multicultural Health
Suite 501
PO Box 360
Trenton, NJ 08625-0360
Telephone: 609-292-6962 Fax: 609-292-8713
Email: OMH@doh.state.nj.us**

MINORITY AND MULTICULTURAL HEALTH MONTH CALENDAR

AGENCY INFORMATION	
Name of Agency	Telephone Number
Name of Agency Contact Person	Fax Number
Mailing Address	E-mail Address
Are You the Primary Sponsoring Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," identify the primary sponsoring agency in the box below.)	
Name of Sponsoring Agency	Telephone Number
Name of Sponsoring Agency Contact Person	Fax Number
EVENT INFORMATION (One page per event please)	
Program/Project Title	Program Date(s)
Location of Event	Program Time (From/To)
Event Description (10 words or less)	
Target Audience/s <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American</div><div><input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White, Non Hispanic <input type="checkbox"/> Other (Specify): _____</div></div> <div style="margin-top: 5px;">Expected Number of People Attending the Event: _____</div>	
Languages in Which Services Will be Provided for This Event (Check all that apply) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> English <input type="checkbox"/> Spanish</div><div><input type="checkbox"/> French <input type="checkbox"/> Creole</div><div><input type="checkbox"/> Korean <input type="checkbox"/> Chinese</div><div><input type="checkbox"/> Other (specify): _____</div></div>	
Contact Person for Event	Telephone Number
Local Media Promotion <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Newspapers <input type="checkbox"/> Radio</div><div><input type="checkbox"/> TV <input type="checkbox"/> Other (Specify): _____</div></div>	